

Desert Hills Animal Hospital

760 E. Lincoln Way, Sparks, NV 89434
Phone: (775) 331-4700 Fax: (775) 331-4701

New Client Form

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted please complete the following:

Client Information: _____ Date: _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Spouse's Work Phone: _____

Place of employment: _____ Best time to reach you: _____

All fees are due at the time services are rendered

Please indicate choice of payment. Cash Visa Mastercard
 Debit Care Credit

How did you become aware of our clinic? Drove by Yellow Pages
 Previous Client Other _____
 Personal Recommendation (whom may we thank?) _____

	PET # 1	Pet # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPA YED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY			
RABIES			
DHLP PARVO CORONA			
BORDETTELLA			
INTRA TRAC II			
FECAL (STOOL) SAMPLE			
HEARTWORM TEST/ PREVENTION?			
YOUR CATS VACCINATION HISTORY			
RABIES			
DIST-RHINO-CHLAMYDIA			
LEUKEMIA TEST			
LEUKOCELL			
FECAL (STOOL) SAMPLE			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Signature _____ Date _____